

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

ERIC HINES

DEFENDANT

GARY M. LANIGAN ET AL.,

COURT CASE NUMBER

17-2864 (NH) -JS

TYPE OF PROCESS

SUMMONS + COMPLAINT

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

LUZ TORRES

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302

AT

SOUTH WOODS STATE PRISON

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES #663508/146993B
SOUTH WOODS STATE PRISON
215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

38

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Eric Hines

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

11/9/16

District
of Origin

No. 050

District
to Serve

No. 050

Signature of Authorized USMS Deputy or Clerk

Date

8/18/20

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Eric Hines

Address (complete only if different than shown above)

☒ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

8/19/20

Time

1247

am

pm

Signature of U.S. Marshal or Deputy

K. J. Dwyer, U.S. Marshal

Service Fee

\$65.00

Total Mileage Charges
(including endeavors)

\$46.74

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

\$111.74

Amount of Refund

REMARKS:

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

ERIC HINES

CAMDEN, NJ

COURT CASE NUMBER

17-2864 (NLH)-JS

DEFENDANT

GARY M. LANIGAN ET AL.

2020 JUL 29 AM 7:53

TYPE OF PROCESS

SUMMONS + COMPLAINT

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

C. O. FARDONE

I-BUILDING OFFICER

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302

AT

SOUTH WOODS STATE PRISON

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES #663508/146993B
SOUTH WOODS STATE PRISON
215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

38

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

WORKS FIRST SHIFT, AT I-BUILDING INSIDE
S.W.S.P

Signature of Attorney or other Originator requesting service on behalf of:

Eric Hines

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. _____

District to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Linda Linan

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

am

8/19/20

12:47

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

65.00

46.74

111.74

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

ERIC HINES

COURT CASE NUMBER

17-2864 (NLH) -JS

DEFENDANT

GARY M. LANIGAN ET AL.,

TYPE OF PROCESS

SUMMONS + COMPLAINT

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

LINDA LINEN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

215 SOUTH BURLINGTON ROAD
SOUTH WOODS STATE PRISON BRIDGETON, N.J. 08302

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES #663508/146993B
SOUTH WOODS STATE PRISON
215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

38

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):
Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Eric Hines

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

106/16

District
of Origin

No. 080

District
to Serve

No. 080

Signature of Authorized USMS Deputy or Clerk

Date

8/18/20

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Linda Linen EA

☒ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service

8/19/2020

Time

12:47

am

pm

Signature of U.S. Marshal or Deputy

[Signature]

PSO

Service Fee

65.00

Total Mileage Charges
(including endeavors)

46.74

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

111.74

Amount of Refund

REMARKS:

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

PLAINTIFF ERIC HINES	CAMDEN, NJ	COURT CASE NUMBER 17-2864 (NLH)-JS
DEFENDANT GARY M. LANIGAN ET AL.	2020 JUL 29 AM 1:53	TYPE OF PROCESS SUMMONS + COMPLAINT
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERGEANT PIPITONE		
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) SOUTH WOODS STATE PRISON	215 SOUTH BURLINGTON ROAD	
		BRIDGETON, N.J. 08302

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES # 663508/146993B
SOUTH WOODS STATE PRISON
215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	38
Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

WORKS FIRST SHIFT, IN D-BUILDING ADMINISTRATION
CLOSE SUPERVISION UNIT.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

N/A

7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 14/16	District of Origin No. 080	District to Serve No. 080	Signature of Authorized USMS Deputy or Clerk 	Date 8/28/20
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service
8/28/20
Time
1:57
am
pm

Signature of U.S. Marshal or Deputy

D50

Service Fee 65.00	Total Mileage Charges (including endeavors) 46.74	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or \$ 111.74	Amount of Refund
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REMARKS:

U.S. Department of Justice
United States Marshals Service

Case 1:17-cv-02864-NLH-MJS Document 63 Filed 08/25/20 Page 5 of 13 PageID: 666

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

ERIC HINES

CAMDEN, NJ

COURT CASE NUMBER

17-2864 (NLH) - JS

DEFENDANT

GARY M. LANIGAN ET AL.

2020 JUL 29 AM 7:53

TYPE OF PROCESS

SUMMONS + COMPLAINT

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

C.O. BAGLIANI

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302

AT

SOUTH WOODS STATE PRISON

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES #663508/146993B
SOUTH WOODS STATE PRISON
215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

38

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

WORKS FIRST SHIFT, D-BUILDING ADMINISTRATION
CLOSE SUPERVISION UNIT

Signature of Attorney or other Originator requesting service on behalf of:

Eric Hines

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

24/16

District of Origin

No. 050

District to Serve

No. 050

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

8/10/20

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

[Signature] GA

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

8/10/20

Time

1:57

am

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

65.00

Total Mileage Charges (including endeavors)

46.74

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

511.74

Amount of Refund

REMARKS:

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

ERIC HINES

CAMDEN, NJ

COURT CASE NUMBER

17-2864 (NLH)-JS

DEFENDANT

GARY M. LANIGAN ET AL.

2020 JUL 29 AM 7:53

TYPE OF PROCESS

SUMMONS + COMPLAINT

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

C.O. MC NEAR

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

215 SOUTH BURLINGTON ROAD

AT

SOUTH WOODS STATE PRISON

BRIDGETON, N.J. 08302

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES #663508/146993B
SOUTH WOODS STATE PRISON
215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302

Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

38

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

WORKS FIRST SHIFT, AT EXTENDED CARE UNIT

Signature of Attorney or other Originator requesting service on behalf of:

Eric Hines

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

4/16

District
of Origin

No. OSO

District
to Serve

No. OSO

Signature of Authorized USMS Deputy or Clerk

Date

8/18/20

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

[Signature]

Address (complete only if different than shown above)

☒ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

8/19/20

Time

12:48

Signature of U.S. Marshal or Deputy

Mary Barry

Service Fee

65.00

Total Mileage Charges
(including endeavors)

46.74

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

611.74

Amount of Refund

REMARKS:

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	ERIC HINES		COURT CASE NUMBER	17-2864 (NLH) -JS
DEFENDANT	GARY M. LANIGAN ET AL.		TYPE OF PROCESS	SUMMONS + COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
AT	SERGEANT HORSEY			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 215 SOUTH BURLINGTON ROAD SOUTH WOODS STATE PRISON BRIDGETON, N.J. 08302			
<input checked="" type="checkbox"/> ERIC HINES #663508/146993B SOUTH WOODS STATE PRISON 215 SOUTH BURLINGTON ROAD BRIDGETON, N.J. 08302			Number of process to be served with this Form - 285	1
			Number of parties to be served in this case	38
			Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

WORKS SECOND SHIFT

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Eric Hines		N/A	7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 30/16	District of Origin No. 050	District to Serve No. 050	Signature of Authorized USMS Deputy or Clerk	Date
				[Signature]	8/18/20

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name (and title of individual served (if not shown above))				<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)				Date of Service	Time	
				8/18/20	5:47 pm	
				Signature of U.S. Marshal or Deputy		
				[Signature]		
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
65.00	46.74				111.74	
REMARKS:						

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

ERIC HINES

CAMDEN, NJ

COURT CASE NUMBER

17-2864 (NLH) -JS

DEFENDANT

GARY M. LANIGAN ET AL.

2020 JUL 29 AM 7:53

TYPE OF PROCESS

SUMMONS + COMPLAINT

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

S.I.D. GOFFRED

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

215 SOUTH BURLINGTON ROAD

AT

SOUTH WOODS STATE PRISON BRIDGETON, N.J. 08302

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES #663508/146993B
SOUTH WOODS STATE PRISON
215 SOUTH ~~BURLINGTON~~ BURLINGTON ROAD
BRIDGETON, N.J. 08302

Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

38

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

WORKS FIRST SHIFT

Signature of Attorney or other Originator requesting service on behalf of:

Eric Hines

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

5/16

District
of Origin

No. 050

District
to Serve

No. 080

Signature of Authorized USMS Deputy or Clerk

K. C. [Signature]

Date

8/18/20

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Shirley EA

☒ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service

8/19/20

Time

1247

am

pm

Signature of U.S. Marshal or Deputy

J. [Signature] 050

Service Fee

65.00

Total Mileage Charges
(including endeavors)

46.74

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

\$ 111.74

Amount of Refund

REMARKS:

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	ERIC HINES		COURT CASE NUMBER	17-2864 (NLH) - JS
DEFENDANT	GARY M. LANIGAN ET AL.		TYPE OF PROCESS	SUMMONS + COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
→	C.O. MORATELLI			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 215 SOUTH BURLINGTON ROAD			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	SOUTH WOODS STATE PRISON BRIDGETON, N.J. 08302			
<input type="checkbox"/>	ERIC HINES #663508/146993B	Number of process to be served with this Form - 285	1	
<input type="checkbox"/>	SOUTH WOODS STATE PRISON	Number of parties to be served in this case	38	
<input type="checkbox"/>	215 SOUTH BURLINGTON ROAD	Check for service on U.S.A.	✓	
<input type="checkbox"/>	BRIDGETON, NJ 08302			

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

WORK SECOND SHIFT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 70/16	District of Origin No. 680	District to Serve No. 050	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 8/19/20
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

8/19/20 4:47 pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee 65.00	Total Mileage Charges (including endeavors) 46.74	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or 8111.74	Amount of Refund
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REMARKS:

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

ERIC HINES

CAMDEN, NJ

COURT CASE NUMBER

17-2864 (NLH) -JS

DEFENDANT

2020 JUL 29 AM 7:53

TYPE OF PROCESS

SUMMONS + COMPLAINT

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

T. JACKSON

PROPERTY OFFICED D-BUILDING

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

215 SOUTH BURLINGTON ROAD

AT

SOUTH WOODS STATE PRISON

BRIDGETON, N.J. 08302

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES # 663508/146993B
SOUTH WOODS STATE PRISON
215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

38

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

WORK FOR 8:00^{AM} TO 4:00^{PM} FROM TUES TO SAT.

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Eric Hines

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

7/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

80/16

District of Origin

No. DSU

District to Serve

No. DSU

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

8/14/20

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

[Signature]

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

8/19/20

Time

1:47

am

pm

Signature of U.S. Marshal or Deputy

[Signature] J. DSO

Service Fee

65.00

Total Mileage Charges (including endeavors)

46.74

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

\$ 111.74

Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service

Case 1:17-cv-02864-NLH-MJS Document 63 Filed 08/25/20 Page 11 of 13 PageID: 672

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

ERIC HINES

COURT CASE NUMBER

17-2864(NLH)-JS

DEFENDANT

GARY M. LANIGAN ET AL.,

TYPE OF PROCESS

SUMMONS + COMPLAINT

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERGEANT J. VALLE

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SOUTH WOODS STATE PRISON

215 SOUTH BURLINGTON ROAD

BRIDGETON, N.J. 08302

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES #663508/146993B
SOUTH WOODS STATE PRISON
215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

38

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Eric Hines

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

8/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

12 of 16

District of Origin

No. 080

District to Serve

No. 080

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

8/18/20

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

[Signature]

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

8/19/20

Time

12:47

am

pm

Signature of U.S. Marshal or Deputy

[Signature] DSO

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

\$65.00

\$46.74

\$111.74

REMARKS:

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	ERIC HINES	CAMDEN, NJ	COURT CASE NUMBER	17-2864(NLH)-JS
DEFENDANT	GARY M. LANIGAN ET AL.	2020 JUL 29 AM 7:53	TYPE OF PROCESS	SUMMONS + COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN C.O. L. SMITH D-BUILDING SECOND SHIFT			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 215 SOUTH BURLINGTON ROAD SOUTH WOODS STATE PRISON BRIDGETON, N.J. 08302			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				
ERIC HINES #663508/146993B SOUTH WOODS STATE PRISON 215 SOUTH BURLINGTON ROAD BRIDGETON, N.J. 08302			Number of process to be served with this Form - 285	1
			Number of parties to be served in this case	38
			Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

WORKS SECOND SHIFT

Signature of Attorney or other Originator requesting service on behalf of: Eric Hines	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 7/23/20
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE			

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 6 of 16	District of Origin No. 050	District to Serve No. 050	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 8/6/20
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) [Signature] EA	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 8/9/2020

Time
1547 am

Signature of U.S. Marshal or Deputy
[Signature]

Service Fee \$65.00	Total Mileage Charges (including endeavors) \$46.74	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or \$111.74	Amount of Refund
REMARKS:						

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

ERIC HINES

COURT CASE NUMBER

17-2864 (NLH)-JS

DEFENDANT

GARY M. LANIGAN ET AL.,

TYPE OF PROCESS

SUMMONS + COMPLAINT

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SCO. MARIN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT SOUTH WOODS STATE PRISON 215 SOUTH BURLINGTON ROAD BRIDGETON, NJ 08302

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ERIC HINES #663508/146993B
SOUTH WOODS STATE PRISON
215 SOUTH BURLINGTON ROAD
BRIDGETON, N.J. 08302

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

38

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

(DEFENDANT INCORRECTLY DESIGNATED AS SCO. MARVIN IN THE COMPLAINT.)

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Eric Hines

PLAINTIFF
DEFENDANT

TELEPHONE NUMBER

N/A

DATE

8/23/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

13/16

District of Origin

No. 080

District to Serve

No. 080

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

8/18/20

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

[Signature]

Address (complete only if different than shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

8/19/20

Time

12:47

am

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

65.00

Total Mileage Charges (including endeavors)

46.74

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

111.74

Amount of Refund

REMARKS:

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

(Instructions Rev. 12/08)